



Obesity Workshop Summary

September 22 – December 8, 2021

February 9, 2022

WHAT IS LIFESTYLE MEDICINE: Lifestyle Medicine uses evidence-based lifestyle therapeutic intervention – including a whole-food plant predominant eating pattern, regular physical activity, restorative sleep, stress management, avoidance of risky substances, and positive social connection – to prevent, treat and often reverse chronic disease. Lifestyle Medicine emphasizes positive psychology and motivational interviewing to support behavior change.

- Informational session presented by Erin Brackbill, MD
- Support from Blakely Amati, MD and QTIP team
- Sponsorship from Healthy Blue SC



Support provided to participating practices

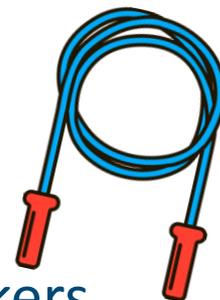
Meal ideas using food provided by Healthy Blue:

- Brown rice
- Whole wheat pastas
 - penne & spaghetti
- Diced tomatoes
- Canned beans
 - green, black, & pinto
- Canned fruit
 - Pineapple chunks & peach slices



Ideas using motivational items donated by Healthy Blue:

- Jump ropes
- Stress balls
- Water bottles
- Motivational stickers for water bottles



Why is this important?

Approximately 1/3 of US children are overweight or obese and rates continue to increase with the COVID pandemic.

Physician burnout regarding pediatric obesity is well recognized due to the complexity and time-consuming nature of the disease.

Medical schools include very little nutrition education or training on how to coach behavior change, which are essential in approaching

Our Goal:

To inform and provide pediatricians with information and tools to help you address obesity and to assess patient/family readiness to change.

Participating Practices

- **Carolina Pediatrics**
- **Center for Pediatric Medicine (Prisma Upstate)**
- **Children's Medical Center**
- **Coastal Pediatrics**
- **Hope Health**
- **Kids Choice**
- **MUSC Rutledge**
- **ReGenesis**

Carolina Pediatrics

Nazia Jones, MD

Carolina Pediatrics:

Goal: To use template for 90% of patients (greater than 95%ile), to be assessed for readiness to change

- Began with ages 7-10 years : low patient volume
- Increased to 5 – 18 years : Will focus on documenting stage of change and follow up appointment

BMI>95%ile template created to include stage of change, labs, smart goal, and follow up.

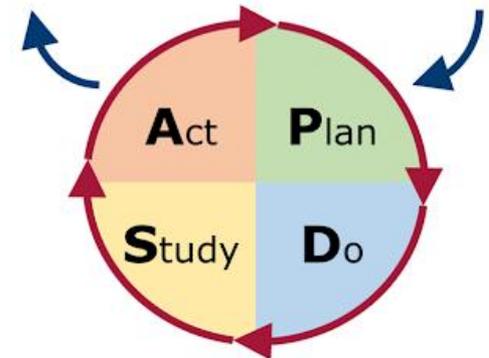
Handout summary given to providers.

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Carolina Pediatrics:

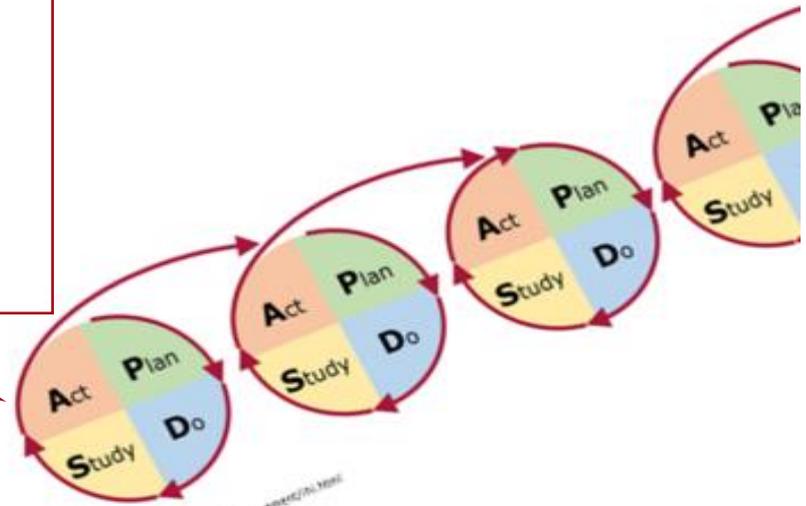
Week 1:

P: Document stage of change consistently for 7–10-year-old well visits using BMI >95%ile template

D: No patients in that age group

S: Had several patient that were 13–18-year-olds who had a BMI >95%ile (4), started documenting stage of change under plan of well visits in older kids as well

A: Expand ages for the template



Carolina Pediatrics:

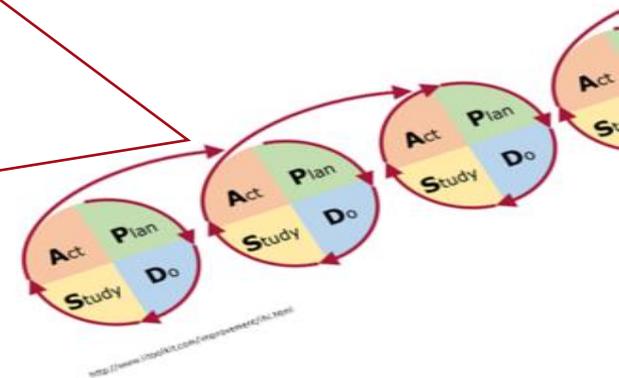
Week 2:

P: Expand to ages 5-15 years old with BMI >95%ile

D: 6 patients in that age group with BMI >95%ile, counseling being done however readiness to change, goals poorly documented. Several comorbid conditions discussed (premature adrenarache, problems with sleep). **Takes time to identify patients/families' reason for change (constipation, fatigue, anemia).**

S: Readiness to change documented in 2/6, smart goal documented in 2/6

A: Better documentation, utilization of BMI>95%ile template



Carolina Pediatrics:

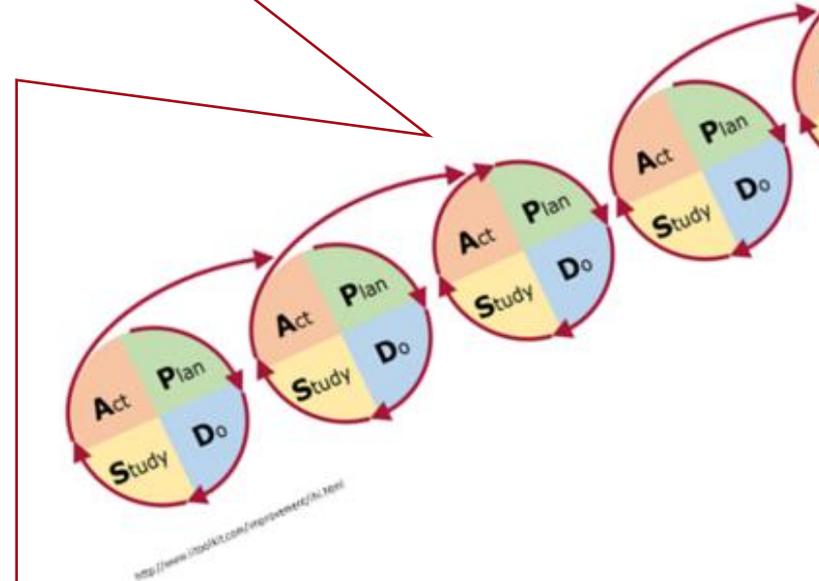
Week 3:

P: Better documentation of readiness to change

D: 5 patients 5-15years with BMI>95%ile, better documentation done for stage of change

S: 5/5 patients had documentation of stage of change. 3/5 had smart goal documented.

A: Improve at making smart goals, getting labs on patients with BMI >95%ile and making a follow up



Carolina Pediatrics:

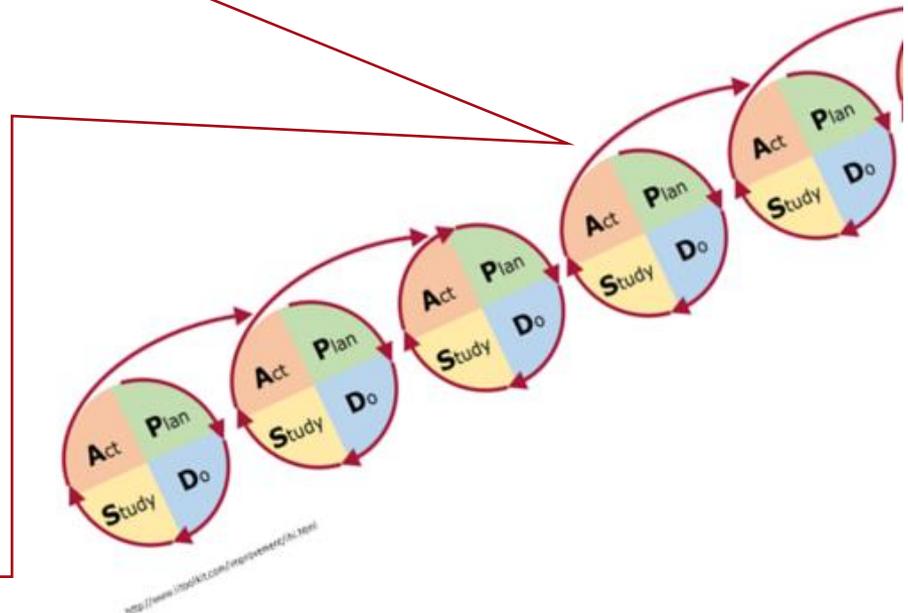
Week 4:

P: Improve making smart goals

D: 6 patients 5-15 years with BMI >95%ile

S: 6/6 patients had stage of change documented, 6/6 had smart goal when appropriate, better at consistently getting labs (Jones 2/2) and making follow up (Jones 2/2)

A: Work on getting labs and making follow up



Carolina Pediatrics:

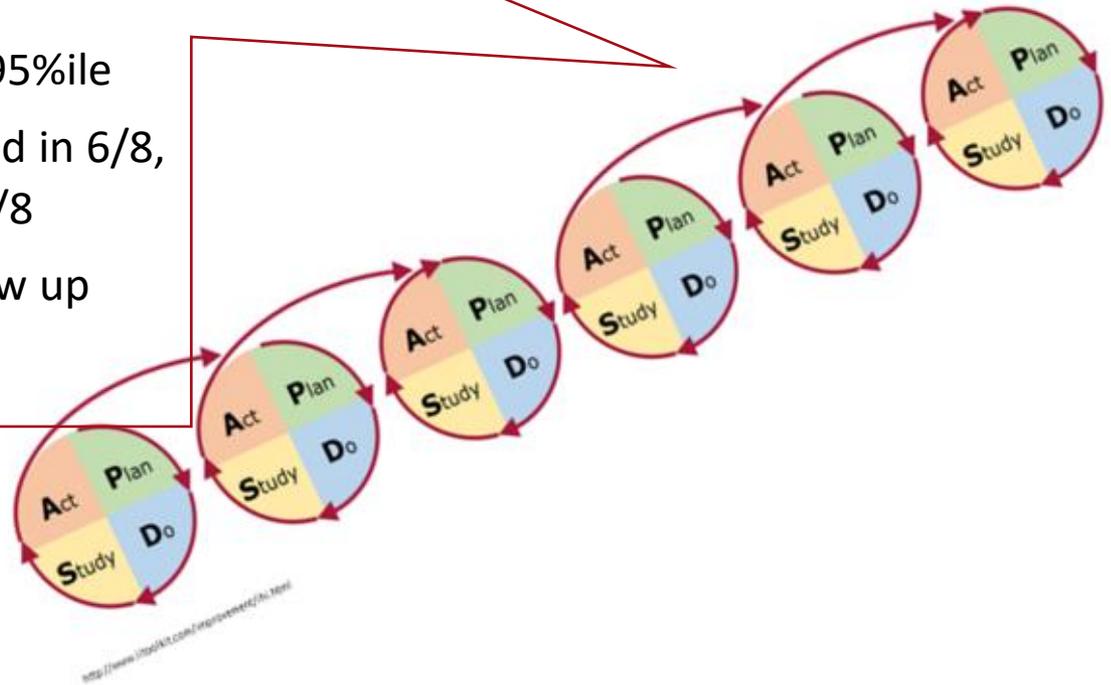
Week 5:

P: Use template or reminders to get labs and make follow ups

D: 8 patients 5-15 years with BMI>95%ile

S: Readiness to change documented in 6/8, Smart goal in 6/8, labs in 4/8, f/u 4/8

A: Improve at getting labs and follow up



Carolina Pediatrics:

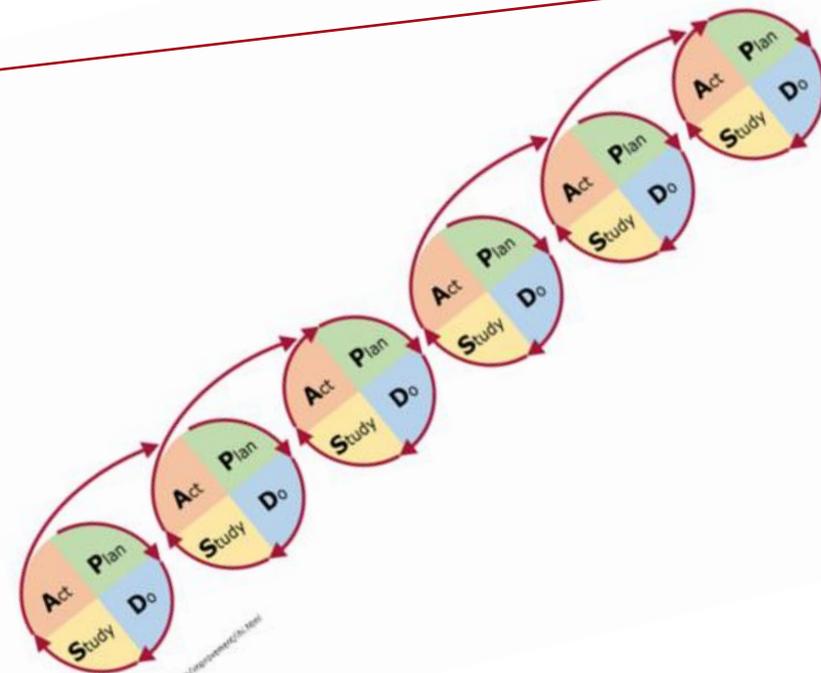
Week 6:

P: Improve getting labs and follow up

D: 18/20 documented readiness to change, 18/20 labs

S: Poorer documentation of stage of change and smart goal, follow without template however template takes longer to use. 8 charts out of my 11 did not have close follow up.

A: Determine better way to make reminders, algorithm. Create an algorithm to follow. Helped when nurse would automatically get the labs when the patients BMI was elevated.



https://www.illustrationsof.com/illustration/2018/08/01/

Carolina Pediatrics

In addition, CPM's obesity chart/algorithm was modified. Carolina Pediatrics now has a 1-page quick reference for our providers

Approach to Patients with Obesity

Approach to Patients with Obesity

- 1- Determine weight classification
- 2- Screen for co-morbidities
- 3- Assess family history
- 4- Determine **stage of change**
- 5- Determine need for labs
- 6- Determine follow up plan

Determine Weight Classification

Healthy Weight	BMI 5-84%ile
Overweight	BMI 85-94%ile
Obese	BMI ≥ 95%ile or BMI ≥ 30
Severe Obesity	BMI > 120% of 95%ile Or BMI ≥ 35

Determine Stage of Change

Precontemplation	Not yet considering or unwilling/unable to change
Contemplation	Sees possibility of change but is ambivalent and uncertain
Preparation	Committed to changing, still considering what to do
Action	Taking steps toward change but hasn't stabilized in the process
Maintenance	Has achieved the goals and is working to maintain change

Determine Need for Labs (Fasting Ideal)

≥6 years old and BMI ≥95th	Lipid profile and CMP at least annually until BMI <95th
If ≥ 10 years old or onset of puberty (if earlier)	Add annual A1C

Follow Up Determined by Abnormal BMI Identified and Stage of Change.

Template BMI >95%ile

BMI 85-94% and <u>Precontemplative/Contemplative</u>	Abnormal BMI identified. ASK if patient willing to continue the discussion at another visit. Schedule f/u every 2-3 m with provider (can be paired with other issue) to work through stages of change
BMI 85-94% and Preparation/Action (<u>Ready</u>)	Schedule BMI Intake visit in 1 month using template. After intake, f/u every 2-3months with provider for support, accountability, goals.
BMI>95% and <u>Precontemplative/Contemplative</u>	ASK if patient willing to consider the issue. Schedule first visit in 1 m (can be paired with other issue) to support progress in stages of change. After first visit, continue every 3m with provider (can be paired). Address lab abnormalities/comorbidities. "Bite size" education on patient interests/comorbidities.
>95% and Preparation/Action (<u>Ready</u>)	1) Schedule separate BMI Intake visit within 1 month if not done at WCC 2) Complete intake visit with family survey and template. Agree on f/u as frequently as possible and consult RD as needed.
Maintenance	Maintenance = goals met maintained for at least 6 months See every 3 months x 4, then twice a year

Interpretation of Lab Results

Lipids	If abnormal then repeat fasting and subsequent lab draws should be done fasting If <10yo -> <u>lifestyle</u> intervention If >10yo + one of the below -> refer to cards LDL >250mg/dL or >190 after 1 year trial of lifestyle interventions TG >500 mg/dL (fasting, any age)
LFTS	If AST and ALT <2x normal or <100 and asymptomatic then lifestyle interventions and repeat every 3-6 months until normal. Once normal repeat yearly until BMI is normal. If AST and ALT >2x normal or >100 and asymptomatic then initiate lifestyle interventions and repeat in 2-3 months. If same or increasing, refer to peds GI
Hgb A1c	If 5.7 – 5.9% -> repeat q3-6 months until normal If >/= 6.0 -> refer to peds endo

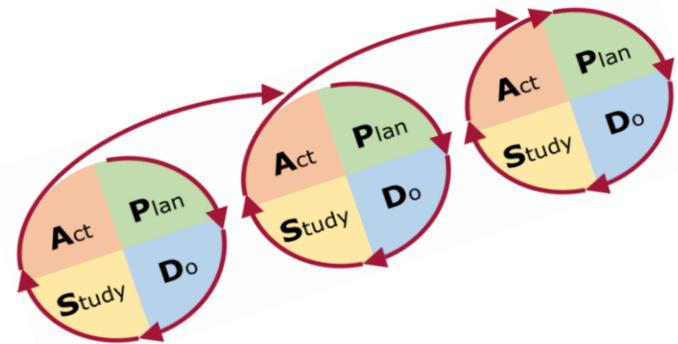
Carolina Pediatrics:

Pearls:

- Incorporate the template into the process.
- Get in-house labs if patient's BMI > 95% BEFORE provider goes into the room
- Patients and families were more invested when diet and exercise counseling were tied to co-morbidities and/or abnormal labs
- Pair follow-up visits with other issue(s)

Next Steps:

Work on asking permission to discuss weight and talk about it on follow up visits



Center for Pediatric Medicine (CPM)

Blakely Amati, MD

CPM - Rica Salud Program

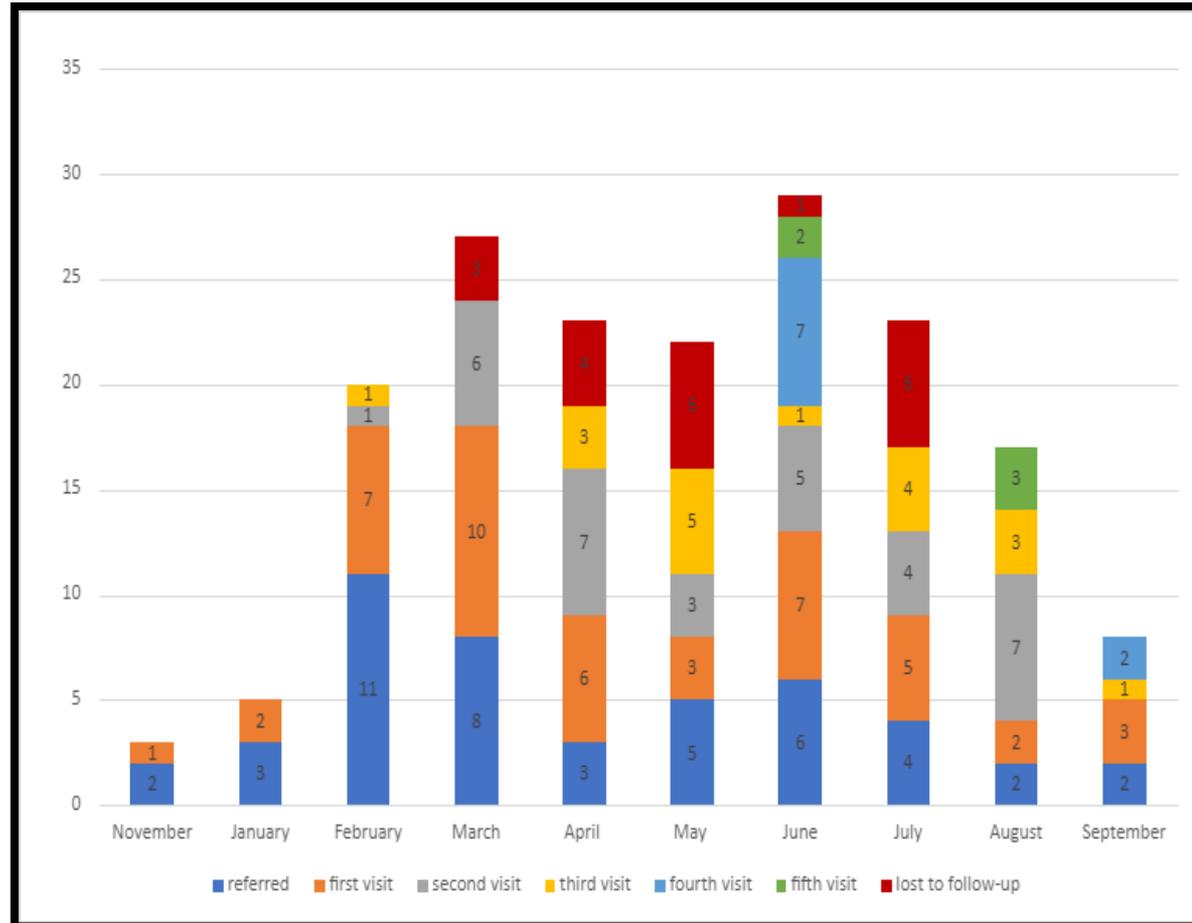
Program Status

September 2021

33% (23/70) of patients referred were not ready to start Rica Salud Program (had intake appt but never saw RD)

Of those that had started the program, 39% had been lost to follow-up. High risk time seemed to be after 2nd RD visit.

Practice able to schedule all of RD visits for program at time or enrollment but not more than 3 months out for physicians.



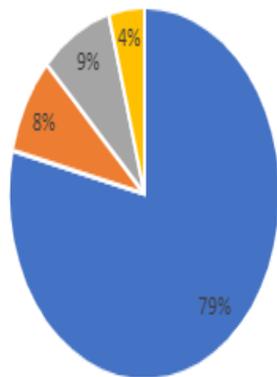
CPM

SMART Goal: Decrease attrition rate by 10% by increasing number of 2nd physician appts (Month 4) scheduled after seeing Dietician by December 2021

Sample Schedule (Combination of in-person and telehealth appointments)

Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
Physician Intake	Registered Dietician	Registered Dietician	Physician	Registered Dietician	Registered Dietician	Maintenance Planning With Physician

CPM Patient Demographics



■ White Hispanic ■ Black/African American
■ White Non-Hispanic ■ Biracial



Main

28



West

14



North

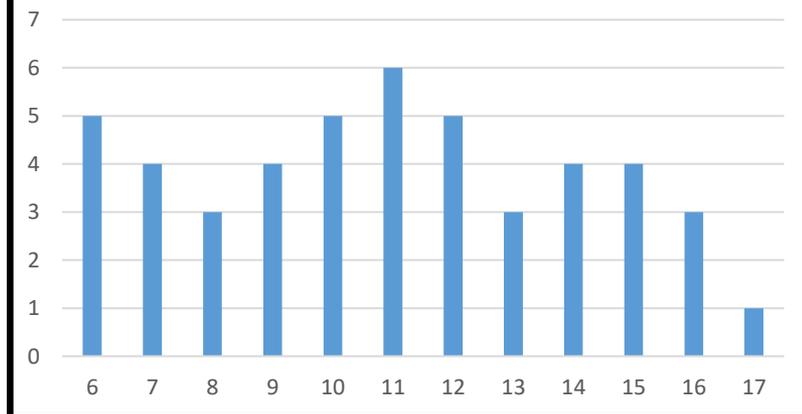
4



Complex

1

Age Distribution (n=47)



CPM

1. Re-engage patients lost due to physician appt not being scheduled
 1. List of patients lost (30) created and passed along to Faith, RD to re-engage families in early November
 2. Feedback – time consuming, low yield for RD. Suggestion to send list to front desk to reach out to families
2. Work to streamline scheduling process so not dependent on RD to remember at her 2nd visit to have family schedule
 1. Flag made in Epic to alert clinic staff that patient a part of Rica Salud program
 2. Working to create a recall list



FYI

New Flag

Show inactive Apply filter

Filter...

Refresh

Date and Time	Contact	User	Type	Summary	Status
11/22/21 15:13		Totherow, Theresa	Rica Salud		Active

CPM: Appointment Trends

	#Patients
MD Visit after 2 nd RD Visit Scheduled	12
MD Visit NOT Scheduled	8
2 nd RD Visit Due	27
Total	47

CPM: Integration of our Healthy Blue materials

Coupled food with a
Thanksgiving Food Drive.

RD using supplies with
families to discuss healthy
budget friendly recipes



CPM: Integration of our Healthy Blue materials

Handouts created with activity ideas (in English and Spanish)

One piece of chalk, 8 active games

Susan Scandiffo July 6, 2017

<https://activeforlife.com/8-active-chalk-games/>

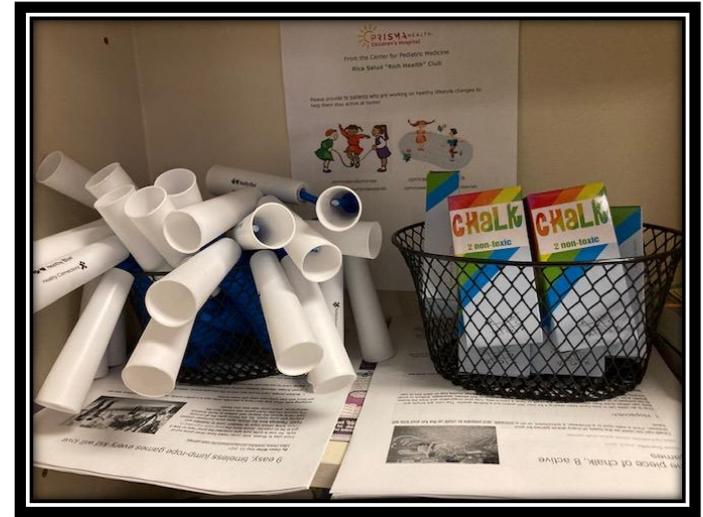


Chalk can be used as the basis of many active games for your children. Find a safe spot in a driveway, a schoolyard, or on a sidewalk, and prepare to *chalk up* the fun your kids will have.

1. Hopscotch

This is an oldie (as in kids have been playing it for over 300 years) but a definite goodie. The **rules** are simple and kids can either draw their own course with the chalk or have a parent help. Use your imagination and draw the boxes to be jumped in in various colors and shapes. Use the chalk as the marker or find stones, beanbags, buttons or small plastic toys. Once your children have conquered hopping the course, see if they can double hop on each box or use varying feet for hopping on the way up and the way back the course.

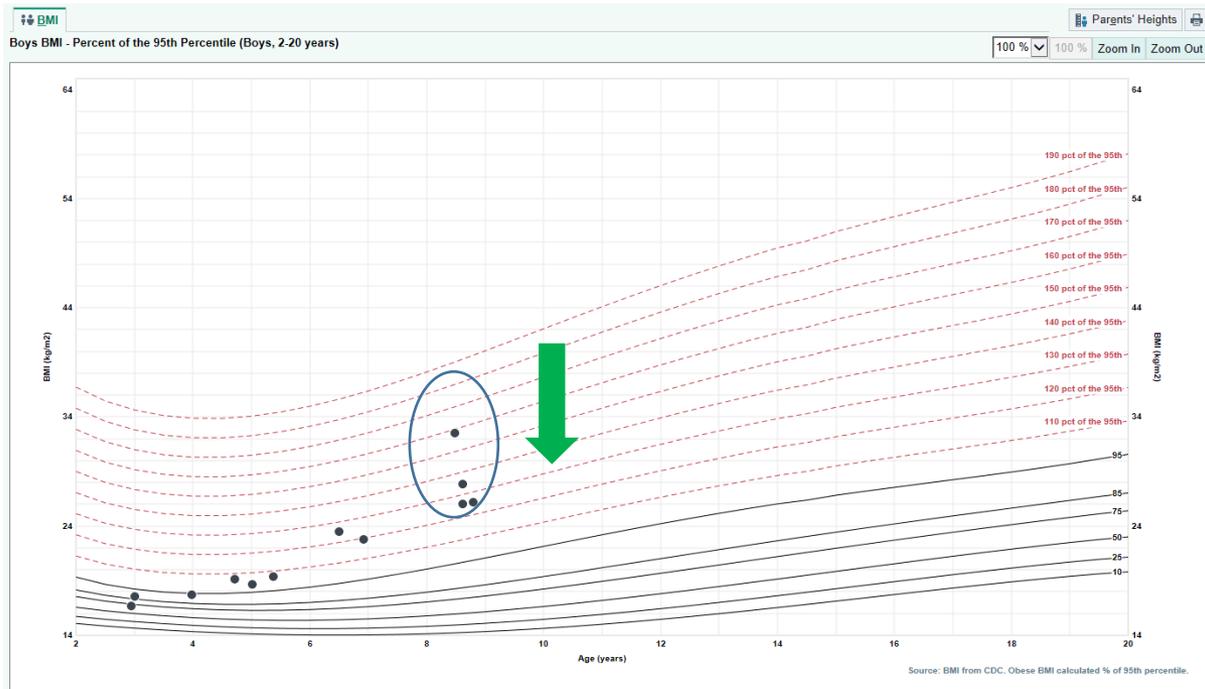
Skills Developed: Hopping, throwing, balance, coordination



9 easy, timeless jump-rope games every kid will love



CPM



8 year old Hispanic male who started Rica Salud Program in August

Coastal Pediatrics

Participating Practitioners:

Kelly Lipke

Keaton Mims

Kristen Garrett

Ana Arias-Pandey

Elizabeth Kirlis

Denise Babineau

Catherine Snead

Kelli Johnston

Stephen Stripling

Mohammed Al Gadban

Katy Ronin

Arlene Shawinsky

Karlayne Dufault

Quality Staff: Pavithraa Sreekumar



eat plants
keep moving
sleep well
be present
stay calm
love people

**Lifestyle Medicine
Approach to
Managing Childhood
Obesity in the
Medical Home**

December 8, 2021



Initial Aim Statements

- In the next 4 weeks, for all well visits between age 5-15, BMI will be assessed, recorded, and discussed.
- In the next 4 weeks, 75% of those patients with BMI > 95%ile, will have correct Z code entered (Z68.54), stage of change assessed, recorded and discussed, and telehealth follow up will be scheduled in 1 mo. (if pt. is in Preparation/Action stage).



“LSM1” Text Macro

LSM1*	khaviglipke (owner)	Assessment and Plan	<p>Reviewed growth charts and BMI with patient and family. Noted BMI > 95%ile. Noted co-morbidities/FH Reviewed lab results if obtained.</p> <p>Assessed readiness to change: Ready (Preparation / Action) SMART goal **</p> <p>FU in 1 month with LSM provider Telehealth visit</p> <p>Not Ready (Precontemplative / Contemplative) Patient/family open to re-visiting at next visit, ideally within 2-3 mos.</p> <p>Discussed 5-2-1-0 plan and provided CPA 5-2-1-0 packet.</p>
-------	---------------------	---------------------	---

“LSMFollowup” Text Macro

LSMFollowup	khaviglipke (owner)	Assessment and Plan	<p>LSM intake form reviewed, discussed and questions answered. Pertinent positives noted. 5-2-1-0 information reviewed. Patient has made the following healthy lifestyle changes : SMART goal:</p> <p>FU in 1-2 mos</p>
-------------	---------------------	---------------------	---



Appointment Ticklers

1) Providers must create an appointment tickler by filling out "Follow-Up" portion in A/P section of chart. Please follow instructions below Telehealth vs. In-person f/u.

Telehealth f/u

When: 4 weeks/ 1 month

Provider: Choose yourself if you do telehealth, or another participating provider who does telehealth (TH providers listed below)

Appointment: Lifestyle Medicine Telehealth (15min)

Department: Telehealth

Note: Telehealth Lifestyle Medicine appt w/ participating provider.

In-person f/u

When: 4 weeks/ 1 month

Provider: Choose yourself or another participating provider

Appointment: Lifestyle Medicine (15 min)

Department: Patient's normal office location

Note: In-person Lifestyle Medicine appt w/ participating provider.

When 4 weeks ▼

Provider sstripling ▼

Appointment Lifestyle Medicine Telehealth (15 min) ▼

Department Telehealth ▼

Alarm no alarm ▼

Note TH Lifestyle Medicine appt with participating provider

When 4 weeks ▼

Provider klipke ▼

Appointment Lifestyle Medicine (15 min) ▼

Department Coastal Peds Assoc-Ec ▼

Alarm no alarm ▼

Note in person Lifestyle Medicine appt with participating provider

LSM Intake Form



COASTAL
PEDIATRIC ASSOCIATES
Lifestyle Medicine Intake Form



Patient Name: _____ DOB: _____ ID# (office use): _____

Child's Past Medical History (check any)

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Gallbladder disease | <input type="checkbox"/> Muscle or Joint Aches/Pains |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> GERD (reflux) | <input type="checkbox"/> Obstructive Sleep Apnea |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Poor exercise tolerance |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes/Prediabetes | <input type="checkbox"/> Polycystic Ovarian Syndrome | |
| <input type="checkbox"/> Fatty Liver Disease | <input type="checkbox"/> Kidney Disease | |

Does your child have any of these sleep issues? (check any)

- | | | |
|--|---|---|
| <input type="checkbox"/> Screen use in bedroom | <input type="checkbox"/> Regular bedtime | <input type="checkbox"/> Difficulty falling asleep |
| <input type="checkbox"/> Screen time 1 hour before bedtime | <input type="checkbox"/> Frequent night awakenings | <input type="checkbox"/> Daytime sleepiness |
| <input type="checkbox"/> Snores or <u>Pauses</u> | <input type="checkbox"/> Difficulty waking in the morning | <input type="checkbox"/> < 8 hours of sleep a night |

Family History: Child's Parents, Grandparents, Siblings (check any)

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Gallbladder disease | <input type="checkbox"/> Muscle or Joint Aches/Pains |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> GERD (reflux) | <input type="checkbox"/> Obstructive Sleep Apnea |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Poor exercise tolerance |
| <input type="checkbox"/> Depression | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Diabetes/Prediabetes | <input type="checkbox"/> Polycystic Ovarian Syndrome | <input type="checkbox"/> <u>Other</u> _____ |
| <input type="checkbox"/> Fatty Liver Disease | <input type="checkbox"/> Kidney Disease | |

Major Life Changes or Stressors (check any)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Foster Care Parent | <input type="checkbox"/> Recent Move | <input type="checkbox"/> Neglect |
| <input type="checkbox"/> Loss/grief | <input type="checkbox"/> Parent or caregiver incarceration | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> School stress | <input type="checkbox"/> Parental separation | <input type="checkbox"/> Abuse |
| <input type="checkbox"/> Stress within family at home | <input type="checkbox"/> Parental divorce | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Worry about not having enough food | <input type="checkbox"/> Parent or caregiver with mental disorder | |

Activity

1) How would you describe your child's activity level? (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Not Active (but interested) | <input type="checkbox"/> Rarely Active | <input type="checkbox"/> Very Active |
| <input type="checkbox"/> Not Active (currently not interested) | <input type="checkbox"/> Moderately Active | <input type="checkbox"/> Comments: _____ |

2) What kinds of activities does your child take part in currently? (check any)

- | | | | |
|----------------------------------|--|--|--|
| <input type="checkbox"/> Run | <input type="checkbox"/> Playing Outside | <input type="checkbox"/> Dancing | <input type="checkbox"/> Organized Sport |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Exercise Class | <input type="checkbox"/> Casual Sport (basketball or soccer at house/park) | <input type="checkbox"/> NONE |
| | | | <input type="checkbox"/> Other: _____ |

3) How many minutes per day does your child have moderate or vigorous activity? _____ minutes

4) How many hours of non-academic screen time (tv, computer, phone, video games) does your child have each day?

- Less than 2 hours More than 2 hours

5) Do YOU (as a parent/guardian) have any regular exercise habits? (check one) Yes No

Diet History

6) Please list your "usual" diet below for each category:

Breakfast (note school/home): _____
Lunch (note school/home): _____
Dinner: _____
Snack: _____

7) How many servings of fruits and vegetables do you eat in a day? _____

8) How many drinks per day of ANYTHING except plain water? (list others) _____

9) How many times a week do you eat out or get take-out at a restaurant or quickie mart? _____

10) How many times a week to do sit down together and eat a home cooked meal? _____

11) Are you considering making some healthy lifestyle changes? (check one) Yes No



Resources in SharePoint



Tidal Wave

1) Documents

2)  Coastal Clinical Pathways

3)  Lifestyle Medicine Resources

a.  5210 Handouts

•  5210 Handouts Packet.docx

b.  Intake Forms

•  Lifestyle Medicine Intake Form.docx

c.  Patient Handouts

•  Avoid Risky Substances

•  Healthful Eating

•  Improve Sleep

•  Maintaining Relationships

•  Manage Stress

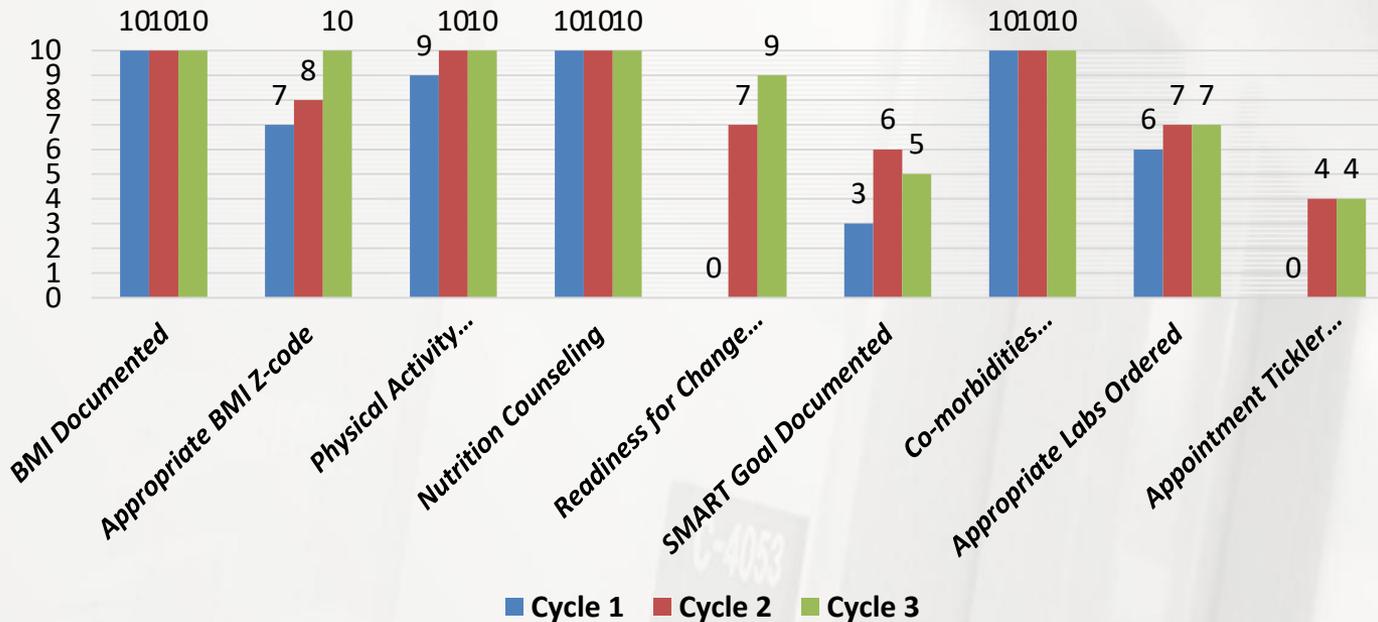
•  Physical Activity



Lifestyle Medicine Project

Total Charts Audited:
10 (only participating providers, patients age (5-15) at WCC)

Cycle 1-3



Analysis:

Increases observed in:

- Appropriate BMI Z-code
- Physical Activity Counseling
- Readiness for Change Documentation
- SMART Goal Documentation
- Appropriate Labs Ordered
- Appointment Tickler Made

AWESOME JOB!!!



Additional Progress:

- 3 zoom meetings with participating providers
- Biweekly emails to providers from QI team- "tips and tricks"
- Brief MI presentation at our meeting Dec 1.
- Handing out Healthy Blue goodies



Next Steps

- Template LSM intake form in Athena
- Update CPA Algorithm-the "CPA way"
- Motivational Interviewing Training
- Practice-wide roll out
- Partner with community organizations- Louie's Kids, MUSC urban farm
- <https://walkwithadoc.org>
- ABLM/ACLM certification
- Family Newsletter- *receive monthly with easy recipes, tips, and resources*
- Data collection to include no show rate for follow up appts



Hope Health

Michael K. Foxworth II., MD
Mary Beth Lynch, RN
Mary McClam, RMA

Hope Health

Initial Aim:

Within 2 months to identify 85% of patients with BMI in the 95th percentile.

Initial plan discussed:

- To establish a documented stage of change
- Within 1 month to schedule follow up visit
- Expedite a referral to the Hope Health FQHC Nutritionist

Hope Health

Initial Aim:

Within 2 months to identify 85% of patients with BMI in the 95th percentile.

Initial plan:

- To establish a documented stage of change
- Within 1 month to schedule follow up visit
- Expedite a referral to the Hope Health FQHC Nutritionist

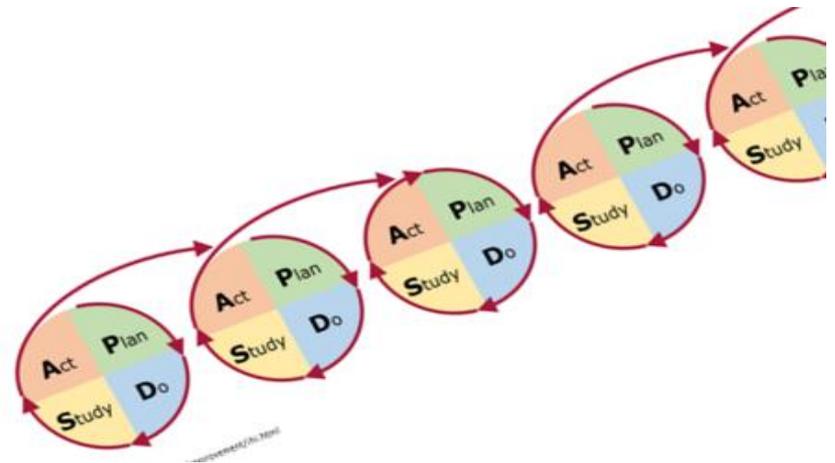
November 3rd Results

- Working on tracking referrals and getting nutritionist “on board” with pediatric initiative
- Gathering data through chart reviews
- Exploring a joint project with DHEC (cooking classes)

Hope Health

December 8th Results

- Stage of change was documented in 45% of charts reviewed
- Implemented verbiage change to “**Healthy Habits Follow Up**” (instead of weight follow up)
- Hope Health showed an increase in labs ordered.

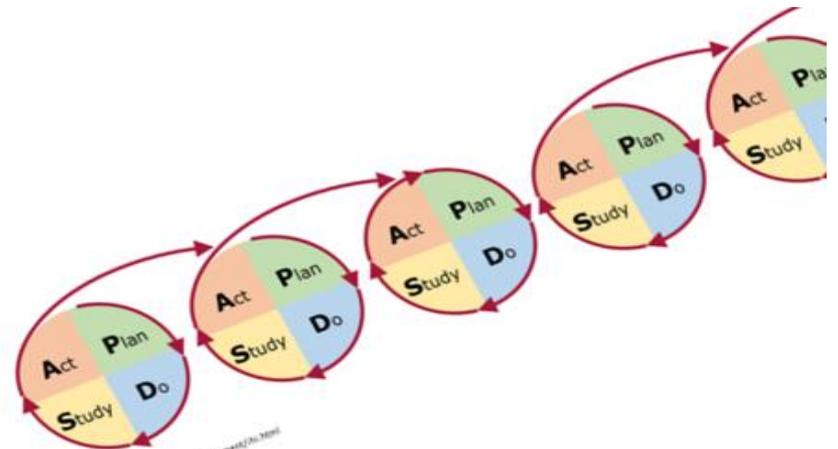


Hope Health

December 8th Results

Joint project with Hope Health Nutritionist and DHEC – in planning process. This will involve cooking classes for 13–18-year-olds. Possible opportunity to expand age range and include family at later time.

Pantry items provided by Healthy Blue are given to patients at Nutrition appointment with healthy cooking ideas.



MUSC

Christine SanGiovanni, MD
Kathleen Head, MD



GOALS:

- Increase the number of visits that showed that patients' readiness for change was assessed and SMART goals were made for patients who had obesity
- Help residents feel more comfortable with motivational interviewing and apply Motivational Interviewing techniques during office visits

INTERVENTIONS

Pre-clinic talk on motivational interviewing

- Discussed the spirit of MI
- Provided questions to start “change talk”
- Defined SMART goals
- Gave examples of SMART goals
- Introduced T (type), A (amount), F (frequency) for ease in making goals
- Created smart phrase for patient goals that could be placed in goal tab of EMR as well as placed in patient’s note or patient instructions

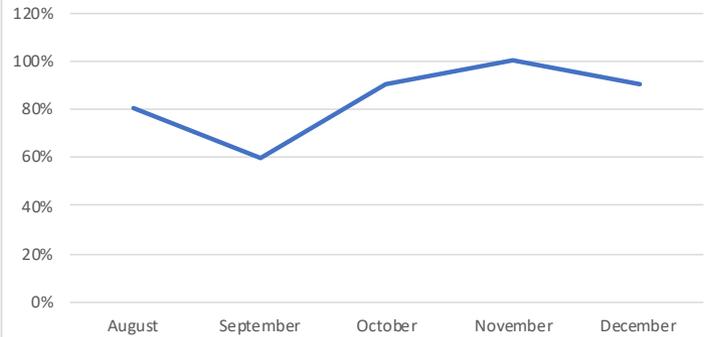
MUSC

DATA
COLLECTED

- Collected QTIP data on chart audits for 7-10 year olds with obesity
 - Included well visits or weight checks for patients with obesity
 - Questions included
 - Was screen time, physical activity, and sleep hygiene discussed?
 - Was the family assessed for their readiness to change?
 - Is there documentation of the family's SMART goal?
 - Was a follow up appointment made?
- Observed resident encounters with patients in office for well visit to provide feedback on either topics where Motivational Interviewing could be helpful or provide suggestions on how to improve motivational interviewing that was observed

MUSC

Screen Time Discussion

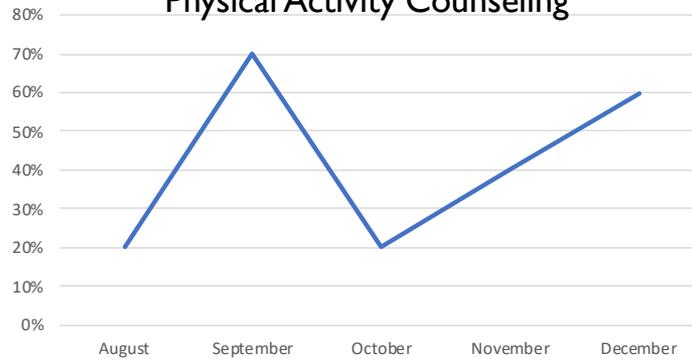


Sleep Hygiene Discussion



***Intervention started in mid-November

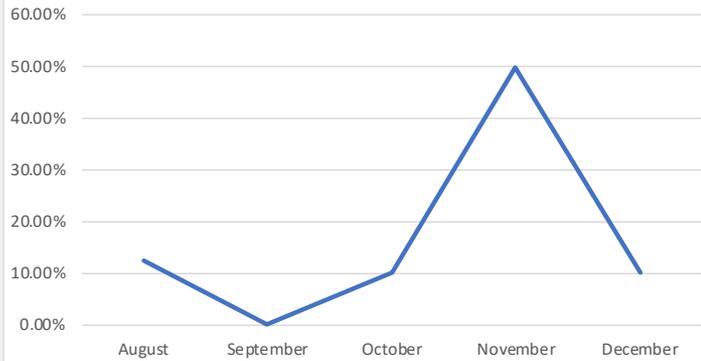
Physical Activity Counseling



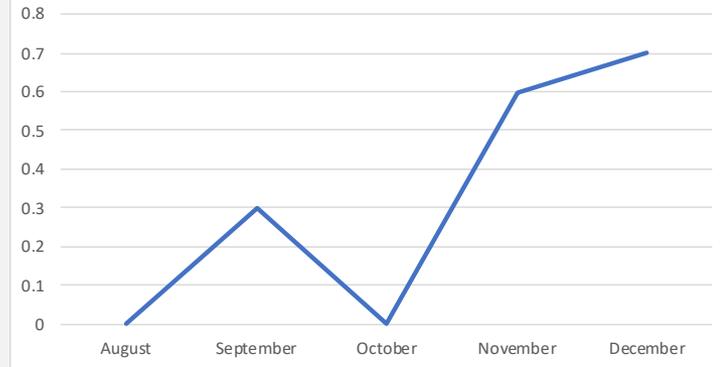
Note template includes prompts for screen time and sleep, but not physical activity. Also, need more detail for sleep hygiene.

MUSC

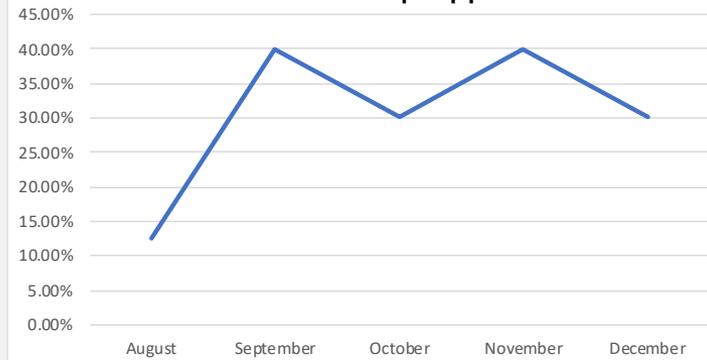
Assess Readiness to Change



Set Smart Goals



Made Follow-up Appointment



Intervention started mid-November

RESULTS: RESIDENT SURVEY

- 21 residents completed: 13 pediatrics/ 8 Med-peds
- 9 PGY-1's, 2 PGY-2's, 8 PGY-3's, 2 PGY-4's

Topics to use motivational interviewing:

15 weight loss/nutrition/PA

8 smoking or other substance use

3 vaccines

2 medication compliance

1 sleep, 1 screen time

RESULTS: RESIDENT SURVEY
(GIVEN SCALE 1 TO 5)

I use motivational interviewing with patients and patients' caregivers:

- 1 (Never): 0
- 2 :24%
- 3 :33%
- 4 :38%
- 5 (All the Time): 5%

I feel comfortable with using motivational interviewing with patients and patients' caregivers:

- 1 (Never): 0
- 2 :33%
- 3 :29%
- 4 :33%
- 5 (All the Time): 5%

RESIDENT SURVEY RESULTS

I help patients and families set SMART goals:

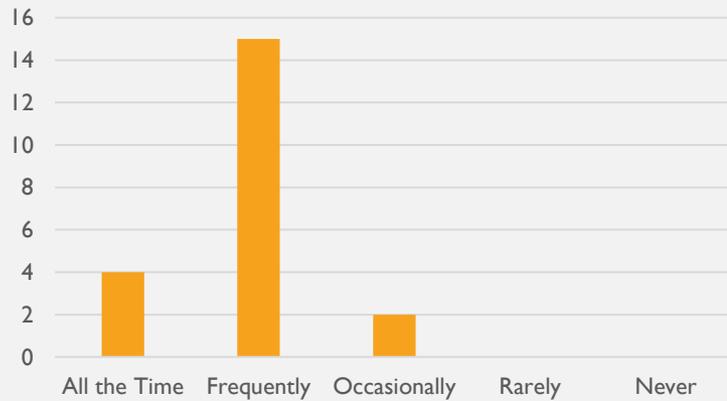
- 1 (Never) : 9.5%
- 2 : 43%
- 3 : 33%
- 4 : 14%
- 5 (All the Time) : 0

If a patient is not ready to make changes, I offer to help with change at next visit:

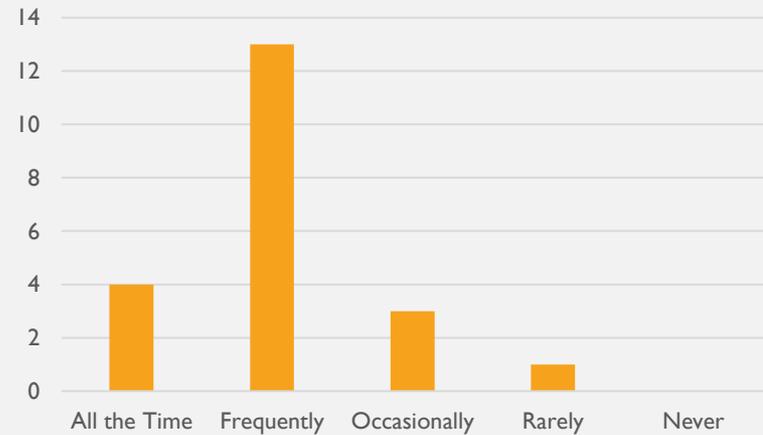
- 1 (Never) : 0
- 2 : 14%
- 3 : 29%
- 4 : 29%
- 5 (All the Time): 24%

WHEN DISCUSSING WITH PATIENTS AND FAMILIES ABOUT MAKING BEHAVIORAL CHANGES, HOW OFTEN DO YOU USE THE FOLLOWING MOTIVATIONAL INTERVIEWING TECHNIQUES?

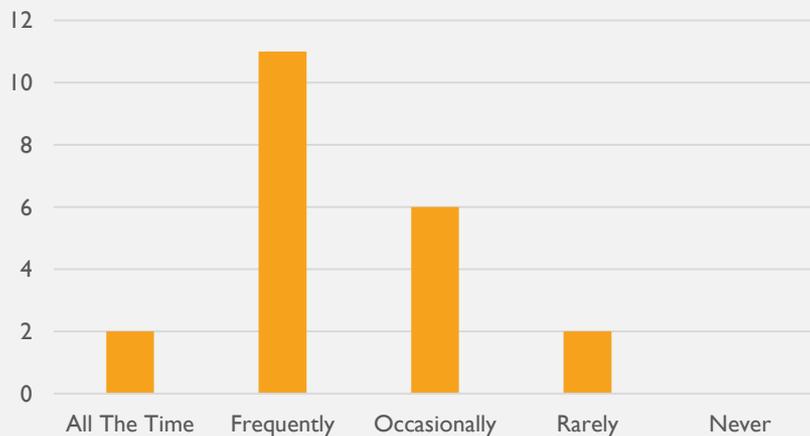
Use Open-Ended Questions



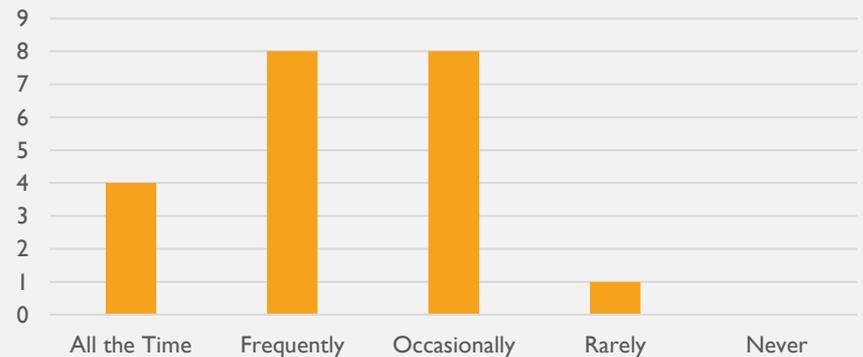
Recognize and Reinforce Success



Use Reflective Listening



Summarize what the patient says in your own words



RESIDENT OBSERVATIONS

- Good use of Open-ended questions, but could ask more about benefits and barriers to change and find out what changes have been made so far
- Gave more advice immediately instead of using Ask-Tell-Ask approach
- Sometimes conversation more with parent than patient
- SMART goals not made

FUTURE STEPS

- Follow up on resident survey post education and creation of smart phrases
- Observe more residents and provide feedback on motivational interviewing
- Continue to audit charts to check for rates of assessing change, setting goals, and making follow up

ReGenesis

Tamera Johnson, MD
Angela Young, MD

ReGenesis

Goals:

- To identify community resources for healthy eating to share with families
- To develop handouts

PDSA cycles:

- Community Resources
 - Researched local groceries and food banks; confirmed address, operational, and acceptance of SNAP. (found to be a time-consuming process especially with verifying resources)
- Drafted three information sheets
 - Did you Know? (fun facts about lifestyle)
 - Do you need? (resource sheet)
 - Would you like?

ReGenesis

Goals:

Identify community resources for healthy eating to share with families

**LIST OF AREA GROCERY STORES:
Those with a (*) accept SNAP or EBT.**

Ingles *
2000 S Pine St, Spartanburg, SC, 29302
864-573-7822

The Fresh Market *
1200 E Main St, Spartanburg, SC, 29307
864-573-6527

Li'l Cricket Food Store
1980 Chesnee Hwy, Spartanburg, SC, 29303
864-582-6262

Aldi *
1605 E Main St, Spartanburg, SC, 29307

Walmart Neighborhood Market *
203 Cedar Springs Rd, Spartanburg, SC, 29302
864-381-6365

Lidl *
2200 E Main St, Spartanburg, SC, 29307
844-747-5435

Lidl *
8180 Warren H Abernathy Hwy, Spartanburg, SC, 29301
844-747-5435

**LIST OF AREA GROCERY STORES:
Those with a (*) accept SNAP or EBT.**

Biggerstaff Bobby Grocery*
630 Farley Ave, Spartanburg, SC, 29301
864-582-4157

Battambang*
8038 Asheville Hwy, Spartanburg, SC, 29303
864-699-9330

Los Volcanes Tienda Latina *
8011 Warren H Abernathy Hwy, Spartanburg, SC, 29301
864-595-6162

Sam's Club *
200 Peachwood Centre Dr, Spartanburg, SC, 29301
864-574-3480

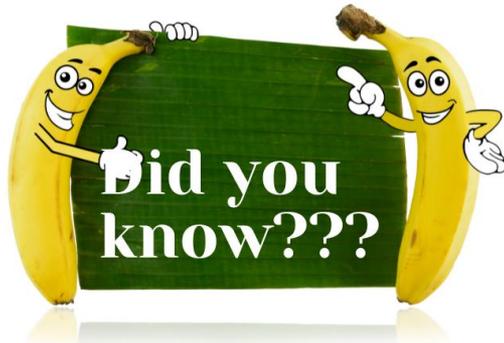
Walmart Supercenter *
2151 E Main St, Spartanburg, SC, 29307
864-529-0156

Lucky Express Food Mart
691 N Pine St, Spartanburg, SC, 29303
864-345-2757



ReGenesis

Goal: to develop handouts



Did You Know?
Do You Need?



Fruits, veggies and whole grains are good for you!! They keep your heart healthy.

Whole grains include oatmeal, popcorn, brown rice, whole wheat pasta and barley.

Kid's challenge: Can you try to add a fruit, veggie or whole grain to each meal???

Food assistance...

There are programs to help your family if you need it. These include SNAP, WIC and local food banks.

See these links for more information...

<https://helpingamericansfindhelp.org/>

<https://helpingamericansfindhelp.org/snap-food-stamps/>

You can even use some of these benefits at the local farmer's market

<http://gis.dhec.sc.gov/farmersmarkets/>

ReGenesis

Ranch Broccoli Pasta

This Ranch Broccoli Pasta just takes minutes to make and is full of deliciously creamy, tangy, herby ranch flavor!

Prep Time 10 mins

Cook Time 15 mins

Total Time 25 mins



Handout:
Would you
like to try?

\$1.71 recipe / \$0.43 serving Servings: 4 Author: Beth - Budget Bytes

Ingredients

- 8 oz. whole wheat pasta (any shape) \$0.50
- 1/2 lb. frozen broccoli florets \$0.72
- 2 Tbsp butter \$0.20
- 1.5 Tbsp ranch seasoning \$0.27
- 1/8 tsp salt (or to taste) \$0.01
- 1/8 tsp freshly cracked pepper \$0.01

Instructions

1. Bring a large pot of water to a boil for the pasta. Once boiling, add the pasta and continue to boil until the pasta is tender (about 7-10 minutes).
2. When the pasta is just tender, add the frozen broccoli florets to the boiling water with the pasta, and let it sit for about one minute. Reserve a 1/4 cup of the starchy pasta water, then drain the pasta and broccoli in a colander.
3. Return the drained pasta and broccoli to the pot with the burner turned off. Add the butter and ranch seasoning and stir until the butter is melted and everything is coated in the seasoning. If the pasta becomes dry while stirring, add a splash of the reserved pasta water.
4. Finally, season the pasta with salt and pepper to taste. Serve warm.

Nutrition

Serving: 1.5 cups | Calories: 296kcal | Carbohydrates: 49g | Protein: 9g | Fat: 7g | Sodium: 567mg | Fiber: 3g

See
budgetbytes.com
for more
recipes!!

This recipe
was included
because of
one young
man's love of
ranch
dressing.

ReGenesis

Goals:

- To identify community resources for healthy eating to share with families
- To develop handouts

Next steps:

- Pilot how to distribute to patients
- Add goal about physical activity
- Plan to implement at all sites but resources to be site specific.

Kids Choice

Adnan Qadeer
Pediatrician & QI Lead provider

Kids Choice Aim Statement

We will increase the number of patients BMI is documented in chart to 50% in the target age children 7 to 11 yrs age and increase the follow up appointments made for such cases to 80%

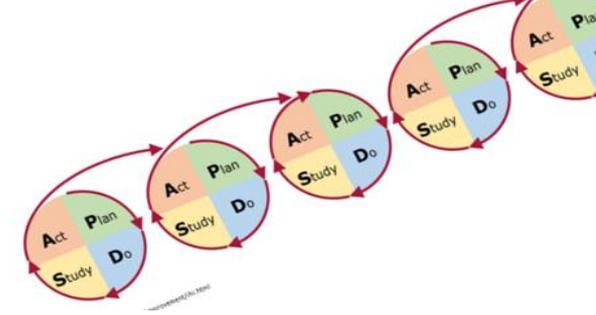
Our Plan

To improve our current process of identifying, evaluating, discussing and making follow up plan for children with obesity /at risk for obesity.

Implement:

- “healthy weight encounter” (recording of weight, height, BP , etc.)
- Evaluate readiness to change,
- Schedule “healthy weight SMART goals FU” appointment

Kids Choice



CYCLE 1 : 9/15/21 – 10/15/21

- identify children between 7- to 10-year-old with BMI > 85th % ; schedule a follow up appointment specifically to address “high BMI and healthy weight SMART goals.
- Roles assigned and broad review of the plan
- Select an Obesity intake questions sheet, format a parent information/ consent sheet and make a packet of education sheets about BMI and healthy choices, exercise.

Results

- Identified total number of patients 182 and those identified with diagnostic code for obesity (7) and follow up appointments made (4)
- Implemented Health wight intake questioner (5 2 1 0 Healthy Habit)
- Researched practice strategies to improve outcomes

Kids Choice

Cycle 2 – Oct 16th to Nov 15th

Plan:

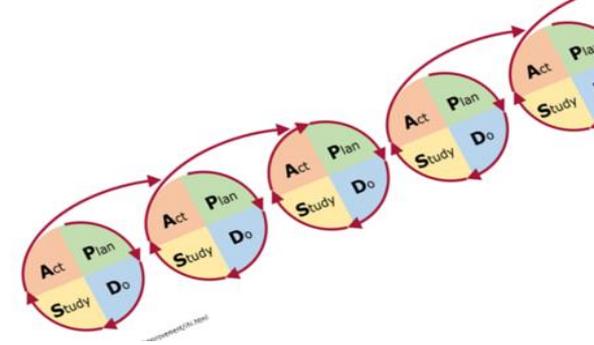
- ✓ Increased sample size by adding age group 11 to 15 years
- ✓ Using two measures
 - 1: claims with obesity/overweight code and
 - 2: FU appt made

What we found:

- Total patient in age 11- 15 = 313
- Number w Z68.53; 54 or E66.9 = 16
- Follow Up appointment made = 10

Conclusion:

need to improve documentation of the BMI and counseling codes in EMR (sometimes done during WCC but codes not entered)



NEXT STEPS

- This workshop will be offered again
 - April 21st: Introductory Educational Session
 - April 28th – June 15th QI workshop (for practices participating in the QI portion).
- New and previous participating practices (QTIP and non-QTIP) eligible to attend. (limit 12 practices)
- Continued support from Drs Brackbill and Amati and the QTIP team. Healthy Blue will offer healthy food items for practices and support motivational items.
- MOC Part 4 credits available
- To register contact: Marlo Koger at Marlo.Thomas-Koger@scdhhs.gov

Appendices

CPM



From the Center for Pediatric Medicine
Rica Salud "Rich Health" Club

Please provide to patients who are working on healthy lifestyle changes to help them stay active at home!



[.cpmricasaludjumprope](#)
[.cpmricasaludjumpropespanish](#)



[.cpmricasaludsidewalkchalk](#)
[.cpmricasaludsidewalkchalkspanish](#)



9 easy, timeless jump-rope games every kid will love

By Dawn Miller May 23, 2021
<https://www.newfolks.com/activities/jump-rope-games/>

From play to fitness, kids' jump ropes have never gone out of style. No one is quite sure who invented the jump rope or how it got to be so popular. Some think the **jump rope originated in China**, while others trace its Western roots to Australia and Egypt. Paintings from the Middle Ages show European children playing with jump ropes. So, the theory goes the art of jump rope came across the Atlantic with settlers to North America. The popular Double Dutch game was coined from the Netherlands, where jump rope was very trendy.



Jumping solo When kids don't have a playmate, jump rope is a perfect activity. As they get more confident, kids can get fancy with their jump-rope skills with these moves:

- **Scissor jumps:** Land on one foot, and on the next time around, switch feet
- **Cross jumps:** Alternate between landing with feet crossed and uncrossed
- **Swing:** Land on one foot with the opposite leg stretched out to the side; on the next jump, switch things up

Snake For younger kids who can't quite get the rhythm of jumping over the rope, Snake is ideal. One person turns the jump rope into a snake on the ground, wiggling it back and forth, while the other kids jump back and forth. If the rope hits a person, he or she is out. Participants take turns being the snake and jumping. You can play Snake without the elimination rule if players prefer.

Water splash To play this jump-rope game, at least three players are needed. Two players turn the rope, and one player jumps while holding a cup of water. Players take turns turning the rope and jumping. The winner is the player who has the most water left in his or her cup at the end of the game.

Stack Up For larger groups, Stack Up is a perfect pick for a jump-rope game. Two players turn the rope. One person starts jumping in the center. Then, another joins in. You keep adding jumpers to the center until there is a missed jump. When there's a missed jump, change up the rope turners and start the process over. The idea is to get all the participants jumping for a long a possible. A longer jump rope is best for a game of Stack Up.

Jump-rope math Practicing math facts is a lot more fun with a jump rope. Jump-rope math is a cool game for the playground at school or home. The jumper is given a math problem to solve like $3+4$ and must jump the answer. You can play this game with a single jump rope or a longer Double Dutch one.

Jump-rope relay If you have a bigger group of kids, a jump-rope relay is an energetic game to play. Divide the kids into teams. Set a distance, like across a basketball or tennis court. Each participant must jump their way across and back before handing the jump rope off to a team member. The first team to complete the jump-rope relay course is the winner.



Follow Me Another ideal game for a group of six to eight kids is Follow Me. For this game, use a long Double Dutch jump rope. Two participants turn the rope. One person enters and jumps once, exiting on the diagonal. The other jumpers wait in a line by one of the turners. As jumper one exits, jumper two enters. The game continues with the jumpers exiting and walking around the second turner to rejoin the line. A round is over when a jumper misses.

Jump the River A fun playground or camp game for preschoolers, Jump the River is a little like Snake, except the river doesn't move; it just gets wider. Set up two jump ropes about 6 inches apart. Participants form a line and need to jump over the river made by the two jump ropes. After everyone has gone, the river gets wider. If someone steps into the river, he or she is out. The game continues with the river getting wider until there's only one person left.

Double Dutch Watching a round of Double Dutch can be very exciting. It's played by having two jump ropes turning at the same time in opposite directions. One or two jumpers jump and turn. Sometimes, this is done with the jumpers saying a rhyme or chant.

Solo or with friends, jumping rope is a fabulous way to get kids outside and exercising. The jump rope has stood the test of time because it's fun and an easy physical activity that children of all ages can do. Jumping rope is a perfect activity for gym classes, camps, or right in the driveway at home. Even moms and dads can get an awesome workout with these cool jump-rope games.

Photo credits: [Africa Studios/Shutterstock](#), [Pond Saksit/Shutterstock](#)

CPM Spanish

9 juegos de saltar la cuerda fáciles y tradicionales que a todos los niños les encantarán

Por Dawn Miller 23 de mayo de 2021

<https://www.newfolks.com/activities/jump-rope-games/>

Desde el juego hasta el fitness, las cuerdas de saltar para niños nunca han pasado de moda. Nadie sabe a ciencia cierta quién inventó la cuerda de saltar ni cómo llegó a ser tan popular. Algunos creen que la cuerda de saltar se originó en China, mientras que otros sitúan sus raíces occidentales en Australia y Egipto. Las pinturas de la Edad Media muestran a niños europeos jugando con cuerdas de saltar. Así que, según la teoría, el arte de saltar la cuerda llegó a América del Norte a través del Atlántico con los colonos. El popular juego de la doble cuerda se inventó en los Países Bajos, donde el salto de cuerda estaba muy de moda.



Saltar solos Cuando los niños no tienen un compañero de juegos, saltar la cuerda es una actividad perfecta. A medida que adquieren más confianza, los niños pueden avanzar más sus habilidades para saltar la cuerda con estos movimientos:

- Saltos de tijera: aterrice con un pie y, la próxima vuelta, cambie de pie.
- Saltos cruzados: alterne entre aterrizar con los pies cruzados y sin cruzar.
- Columpio: aterrice sobre un pie con la pierna opuesta estirada hacia un lado; en el siguiente salto, intercambie.

La serpiente Para los niños más pequeños que no pueden conseguir el ritmo de saltar por encima de la cuerda, la serpiente es ideal. Una persona convierte la cuerda para saltar en una serpiente en el suelo, moviéndola de un lado a otro, mientras que los otros niños saltan de un lado a otro. Si la cuerda golpea a una persona, esa persona queda fuera. Los participantes se turnan para ser la serpiente y saltar. Pueden jugar a la serpiente sin la regla de eliminación si los jugadores lo prefieren.

Salpicaduras de agua Para jugar a este juego de saltar la cuerda, se necesitan al menos tres jugadores. Dos jugadores giran la cuerda y un jugador salta mientras sostiene un vaso con agua. Los jugadores se turnan para girar la cuerda y saltar. El ganador es el jugador al que le queda más agua en su vaso al final del juego.

Amontonar Para grupos más grandes, amontonar es una elección perfecta para un juego de saltar la cuerda. Dos jugadores giran la cuerda. Una persona comienza a saltar en el centro. Luego, otra se une. Siguen agregando saltadores al centro hasta que haya un salto fallido. Cuando haya un salto fallido, se cambia a los que giran la cuerda y comienza el proceso de nuevo. La idea es conseguir que todos los participantes salten el mayor tiempo posible. Una cuerda para saltar más larga es lo mejor para un juego de amontonar.

Matemáticas saltando la cuerda Practicar las operaciones matemáticas es mucho más divertido con una cuerda de saltar. Matemáticas saltando la cuerda es un juego genial para el patio de recreo en la escuela o en casa. Al saltador se le da un problema matemático para resolver como $3 + 4$ y debe saltar la respuesta. Puedes saltar en este juego con una sola cuerda o con dos más largas.



Relevos saltando la cuerda Si tiene un grupo más grande de niños, un relevo de saltar la cuerda es un juego lleno de energía. Divida a los niños en equipos. Establezca una distancia, como al otro lado de una cancha de baloncesto o tenis. Cada participante debe saltar de un lado a otro antes de entregar la cuerda a un miembro del equipo. El primer equipo en completar el recorrido de relevos saltando la cuerda es el ganador.

Sigueme Otro juego ideal para un grupo de seis a ocho niños es sigueme. Para este juego, use una cuerda de saltar larga. Dos participantes giran la cuerda. Una persona entra y salta una vez, saliendo en diagonal. Los otros saltadores esperan en fila junto a uno de los giradores de la cuerda. Cuando el saltador uno sale, el saltador dos entra. El juego continúa con los saltadores saliendo y pasando por detrás del segundo girador para reincorporarse a la línea. La ronda termina cuando un saltador falla.

Saltar el río Un juego divertido para el parque infantil o un campamento para niños en edad preescolar. Saltar el río es parecido a la serpiente, excepto que el río no se mueve; simplemente se va ensanchando. Coloque dos cuerdas para saltar con una separación de aproximadamente 6 pulgadas. Los participantes forman una línea y deben saltar sobre el río hecho por las dos cuerdas de saltar. Una vez que todos han saltado, el río se ensancha. Si alguien pisa el río, queda fuera. El juego continúa con el río ensanchándose hasta que solo queda una persona.

Juego del doble salto Ver una ronda de doble salto puede ser muy emocionante. Se juega con dos cuerdas de saltar girándolas al mismo tiempo en direcciones opuestas. Uno o dos saltadores saltan y giran. A veces, esto se hace con los saltadores diciendo una rima o un cántico.

Solo o con amigos, saltar la cuerda es una manera fabulosa de hacer que los niños se ejerciten al aire libre. La cuerda para saltar ha resistido el paso del tiempo porque es divertida y una actividad física fácil que los niños de todas las edades pueden hacer. Saltar la cuerda es una actividad perfecta para clases de gimnasia, campamentos o justo en la entrada de la casa. Incluso las mamás y los papás pueden hacer un ejercicio increíble con estos juegos geniales de saltar la cuerda.

Créditos de las fotos: Africa Studios / Shutterstock, Pond Saksit / Shutterstock

CPM Chalk Activities

One piece of chalk, 8 active games

Susan Scandiffio July 6, 2017

<https://activeforlife.com/8-active-chalk-games/>



Chalk can be used as the basis of many active games for your children. Find a safe spot in a driveway, a schoolyard, or on a sidewalk, and prepare to *chalk up* the fun your kids will have.

1. Hopscotch

This is an oldie (as in kids have been playing it for over 300 years) but a definite goodie. The rules are simple and kids can either draw their own course with the chalk or have a parent help. Use your imagination and draw the boxes to be jumped in in various colors and shapes. Use the chalk as the marker or find stones, beanbags, buttons or small plastic toys. Once your children have conquered hopping the course, see if they can double hop on each box or use varying feet for hopping on the way up and the way back the course.

Skills Developed: Hopping, throwing, balance, coordination

2. Avoid the Shark

With different colors of chalk, draw "beaches" various distances apart. Use blue chalk to draw water and shark fins between the beaches and have kids jump from beach to beach to avoid the "sharks" in the "water."

Skills developed: Hopping

3. Chalk Bullseye

Use various colors of chalk and draw concentric circles with a bullseye in the middle. Within each circle, write point values if kids want to brush up on their math skills or simply use markers to see who can throw an item closest to the bullseye. For markers, use chalk, stones or on hot summer days, wet sponges or water balloons.

Skills developed: Throwing

4. 4 Square

4 Square is extremely popular in many schoolyards at recess. Draw your own 4 Square court with chalk, mark a number from 1 to 4 in each square, and use a bouncy ball to play this fun game. Each player stands in each of the squares, and the player in square 4 starts by bouncing the ball in their square and then hitting it towards one of the other squares. The receiving player then hits the ball to any other player. The ball must bounce in the receiving player's square once and they must hit it to another player before it bounces a second time. If the player misses a square or the ball bounces a second time before they hit it, they are "out". If there are more than 4 players, the player who is out goes to the end of the line of waiting players. If there are only 4 players, the player who is out would move to the next lowest position, 4 being the highest square.

Skills developed: Striking

5. Chalk Maze

Have kids design their own web of squiggly lines, circles, and other lines with chalk to design a maze through which others can walk, run, cycle, or scooter. The bigger, more colorful, and more intricate the maze, the more fun kids will have working their way through.

Skills developed: Running

6. Alphabet Hop

Use chalk to make 26 squares or circles fairly close to one another and write the letters of the alphabet in each. For kids just learning their alphabet, call out letters to hop from one to another. For kids who are able to spell, call out words to spell and have them hop using one or two feet from one letter to another. During the summer months, this is a not-so-subtle way to work on spelling skills while having fun.

Skills developed: Hopping

7. Sidewalk Twister

Find me a person who doesn't like Twister and I will show you my best "what you takin' about" face. Create your own chalk twister board with at least four colors and four shapes and have another child or parent call out instructions as to where children should place their right hands, right feet, left hands and left feet. Keep the traditional rules of Twister by having kids balance while moving each hand and foot to different colored shapes without falling over, or make your own rules. Have kids roar like lions on blue squares or hop like bunnies on a green circle. Ask them to laugh like their moms on a yellow triangle or stand as tall as a tree on a red squiggle.

Skills developed: Depends on activities chosen

8. Corners

This game requires at least three players but can be played with many more. Draw a large square court with smaller squares drawn in each corner in different colors. Draw a circle in the middle of the court. One person is designated the "counter" and stands in the circle in the middle of the court. The counter closes their eyes and counts to ten. While their eyes are closed, the other players skip around the court and choose a corner to stand in (more than one person can stand in one of the corners). With their eyes still closed after counting to ten, the counter calls out one of the four corner colors. Whoever is standing in that color is out. The game continues until all players are out.

Skills developed: skipping

Head to your nearest yard, driveway, or sidewalk and prepare for your kids to spend endless hours of active fun with one piece of "equipment."



CPM- Spanish

Una tiza, 8 juegos activos

Susan Scandiffio 6 de julio de 2017

<https://activeforlife.com/8-active-chalk-games/>



La tiza puede ser la base de muchos juegos activos para sus hijos. Busque un lugar seguro en la entrada de su casa, en el patio de la escuela o en la acera, y prepárese para que sus hijos se diviertan con tiza.

1. La rayuela. Se trata de un juego antiguo (los niños lo han estado jugando durante más de 300 años) pero sin duda es un buen juego. Las reglas son sencillas y los niños pueden dibujar su propio recorrido con la tiza o pedir ayuda a sus padres. Utilice su imaginación y dibuje las casillas en las que hay que saltar con distintos colores y formas. Utilice la tiza como rotulador o busque piedras, bolsas de frijoles, botones o pequeños juguetes de plástico. Una vez que sus hijos hayan dominado el circuito de saltos, compruebe si pueden saltar dos veces en cada casilla o utilizar diferentes pies para saltar en la subida y en la vuelta del circuito.

Habilidades desarrolladas: salto, lanzamiento, equilibrio, coordinación

2. Evitar el tiburón. Con diferentes colores de tiza, dibuje "playas" separadas por varias distancias. Use tiza azul para dibujar agua y aletas de tiburón entre las playas y haga que los niños salten de playa en playa para evitar los "tiburones" en el "agua".

Habilidades desarrolladas: saltar

3. Diana de tiza. Utilice tizas de varios colores y dibuje círculos concéntricos con una diana en el medio. Dentro de cada círculo escriba los valores de puntos si los niños quieren repasar sus habilidades matemáticas o simplemente use marcadores para ver quién puede lanzar un objeto más cerca de la diana. Para los marcadores, use tiza, piedras o en los días calurosos de verano, esponjas húmedas o globos de agua.

Habilidades desarrolladas: Lanzar

4. 4 Cuadrado. El cuadrado 4 es muy popular en muchos patios escolares durante el recreo. Dibuja tu propia cancha de 4 cuadros con tiza, marca un número del 1 al 4 en cada cuadrado y utiliza una pelota saltarina para este divertido juego. Cada jugador se coloca en cada uno de los cuadrados y el jugador del cuadrado 4 empieza botando la pelota en su cuadrado y luego la golpea hacia uno de los otros cuadrados. A continuación, el jugador receptor golpea la pelota hacia cualquier otro jugador. La pelota debe rebotar una vez en la casilla del jugador receptor y éste debe golpear a otro jugador antes de que rebote por segunda vez. Si el jugador pierde una casilla o la pelota rebota por segunda vez antes de que la golpee, queda "fuera". Si hay más de 4 jugadores, el jugador que queda fuera pasa al final de la fila de jugadores que esperan. Si sólo hay 4 jugadores, el jugador que queda fuera pasa a la siguiente posición más baja, siendo el 4 la casilla más alta.

Habilidades desarrolladas: Golpear

5. Laberinto de tiza. Haga que los niños diseñen su propia red de líneas onduladas, círculos y otras líneas con tiza para diseñar un laberinto por el que otros puedan caminar, correr, ir en bicicleta o en patineta. Cuanto más grande, colorido e intrincado sea el laberinto, más se divertirán los niños al recorrerlo.

Habilidades desarrolladas: Correr

6. Salto del alfabeto. Use tiza para hacer 26 cuadrados o círculos bastante cercanos entre sí y escriba las letras del alfabeto en cada uno. Para los niños que recién están aprendiendo el alfabeto, diga en voz alta las letras para que salten de una a otra. Para los niños que pueden deletrear, diga en voz alta las palabras para deletrear y pídale que salten usando uno o dos pies de una letra a otra. Durante los meses de verano, esta es una forma no tan sutil de trabajar en la ortografía mientras se divierte.

Habilidades desarrolladas: saltar

7. Acera *Twister*. Encuentre una persona a la que no le guste el *Twister* y lo mirará con cara de "de qué estás hablando". Cree su propia pizarra de tiza con al menos cuatro colores y cuatro formas y haga que otro niño o padre diga en voz alta las instrucciones sobre dónde deben colocar los niños la mano derecha, el pie derecho, la mano izquierda y el pie izquierdo. Mantenga las reglas tradicionales de *Twister* haciendo que los niños mantengan el equilibrio mientras mueven cada mano y pie a diferentes formas de colores sin caerse, o establezca sus propias reglas. Haga que los niños rujan como leones en cuadrados azules o salten como conejitos en un círculo verde. Pídale que se rían como sus mamás en un triángulo amarillo o que sean tan altos como un árbol en un garabato rojo.

Habilidades desarrolladas: Depende de las actividades elegidas

8. Esquinas. Este juego requiere al menos tres jugadores, pero se puede jugar con muchos más. Dibuje una cancha cuadrada grande con cuadrados más pequeños dibujados en cada esquina en diferentes colores. Dibuje un círculo en el medio de la cancha. Una persona es designada como "el contador" y se para en el círculo en el medio de la cancha. El contador cierra los ojos y cuenta hasta diez. Mientras sus ojos están cerrados, los otros jugadores saltan alrededor de la cancha y eligen una esquina para colocarse (más de una persona puede pararse en una de las esquinas). Con los ojos aún cerrados después de contar hasta diez, el contador dice en voz alta uno de los cuatro colores de las esquinas. El que esté parado en ese color está fuera. El juego continúa hasta que todos los jugadores estén fuera.

Habilidades desarrolladas: saltar

Vaya a su jardín, entrada o acera más cercanos y prepárese para que sus hijos pasen horas interminables de diversión activa con una solo objeto de "equipo".

CPM – link to google drive with existing resources

<https://drive.google.com/drive/folders/1iJpDAV3eLovle2p1vIxFl-uq7iaID3wA?usp=sharing>

Kids Choice

Practice strategies that improve outcomes

- From motivational interviewing Booklet

For Providers, Counselors, Doctors

Practitioner Strategies That Improve Patient Outcomes

1. **Relationship:** Develop a relationship with the patient/family—this is critical.
2. **Small steps:** Encourage the patient/family to pick small, realistic steps to change.
3. **Motivate:** Use proven techniques to change behaviors, like motivational interviewing.
4. **Count:** Focus on countable goals that can be measured, monitored, and achieved (eg, consider counting a certain behavior).
5. **Community:** Use community resources in patient/family plans.
6. **Relapse:** Prepare for possible relapse and set a plan in advance.
7. **Maintenance:** Consider setting a temporary goal for maintenance when a patient is resistant.
8. **Commitment:** Enlist patient commitment for frequent visits over at least 6 months.
9. **Innovate:** Not all visits need to be with a medical practitioner—use local partners or alternative formats (eg, phone calls, e-mails, text messages).
10. **Adapt:** Adapt *Next Steps* strategies to incorporate patient's/family's cultural environment.
11. **Celebrate:** Celebrate accomplishments. Dwell on the positive feeling that exists with being healthy.

COUNTability is key.



4 NEXT STEPS ♦ Measurable Goals ♦ Small Steps ♦ Commitment ♦ Partnership ♦ Family ♦ Community ♦

Kids Choice

Healthy weight intake questionnaire

- From Motivational interviewing Booklet

Appendix A-2 

The following survey has been used as a way to start healthy lifestyle conversations with patients. Many offices have patients fill it out while waiting for the doctor. This gets patients thinking about their answers and starts conversations between parents and their kids. When the physician reviews the sheet, it makes goal setting a more efficient process. The survey has gone through many renditions and has been tested with patients and practitioners in Maine, resulting in its present form. In Maine, it is used only during well physicals. Some offices include the survey within their medical records, but many just summarize the findings or discussion in a briefer format.

5210 Healthy Habits Questionnaire (Ages 10–18)

We are interested in the health and well-being of all our patients. Please take a moment to answer the following questions:

Patient Name: _____ Age: _____ Today's Date: _____

- How many servings of fruits or vegetables do you eat a day? _____
(One serving is most easily identified by the size of the palm of your hand.)
- How many times a week do you eat dinner at the table together with your family? _____
- How many times a week do you eat breakfast? _____
- How many times a week do you eat takeout or fast food? _____
- How many hours a day do you watch TV/movies or sit and play video/computer games? _____
- Do you have a TV in the room where you sleep? Yes No
- Do you have a computer in the room where you sleep? Yes No
- How much time a day do you spend in active play (faster breathing/heart rate or sweating)? _____
- How many 8-ounce servings of the following do you drink a day?
_____ 100% juice _____ Fruit or sports drinks _____ Soda or punch
_____ Water _____ Whole milk _____ Nonfat (skim), low-fat (1%), or reduced-fat (2%) milk

10. Based on your answers, is there **ONE** thing you would like to change now? Please check one box.

<input type="checkbox"/> Eat more fruits and vegetables.	<input type="checkbox"/> Spend less time watching TV/movies and playing video/computer games.
<input type="checkbox"/> Take the TV out of the bedroom.	<input type="checkbox"/> Eat less fast food/takeout.
<input type="checkbox"/> Play outside more often.	<input type="checkbox"/> Drink less soda, juice, or punch.
<input type="checkbox"/> Switch to nonfat (skim) or low-fat (1%) milk.	<input type="checkbox"/> Drink more water.

Please give the completed form to your clinician. Thank you.

5210 LET'S GO!
www.letsgo.org
From Keep ME Healthy in Maine.

48 NEXT STEPS ✦ Measurable Goals ✦ Small Steps ✦ Commitment ✦ Partnership ✦ Family ✦ Community ✦